

# MONTHLY BULLETIN

## PENNSYLVANIA·DEPARTMENT·OF·WELFARE

Vol. II, No. 7

HARRISBURG, PA.

NOVEMBER, 1933

### HOSPITAL PROGRESS

**A**N INTERESTING and comprehensive report of the progress in the treatment of mental patients in Pennsylvania, and recommendations as to future policies, was recently made to Governor Pinchot by a special committee appointed to make a survey of the present mental hospital program. The committee included Everett S. Elwood, chairman; J. Allen Jackson, M.D.; Henry I. Klopp, M.D. and William C. Sandy, M.D.

The report is in three sections: a summary of the development of mental health facilities in the Commonwealth; an outline of the requirements of a modern mental hospital; summary and recommendations of the committee. A supplement gives the findings of a study of the eight State mental hospitals. The report says in part:

#### EVOLUTION OF HUMAN CARE OF THE INSANE

The care and treatment of the mentally ill, until about forty years ago, constitutes what is probably the darkest chapter in the history of medicine. The story is replete with neglect and abuse of the more tractable patient and confinement of the violent to jails and almshouses, where they were often chained up or held confined like wild animals from the jungle in strong cages or cribs so low that it was impossible for them to stand erect.

Pennsylvania bears the distinction of being one of the first communities to undertake, through governmental agencies, to provide humane care and medical treatment. In 1751, in response to an appeal drafted and promoted by Benjamin Franklin, there was passed at the General Assembly of Pennsylvania an act carrying an appropriation of \$10,000 for the establishment of the Pennsylvania Hospital at Philadelphia, with a provision that it contain a department for the reception and care of "lunatiks." In 1752, the doors of the Pennsylvania Hospital opened to receive the first mental patients in this country to be provided with special accommodations at public expense.

#### STATE INSTITUTION BUILT FOR MENTALLY ILL

In 1851, just a century after Benjamin Franklin's inauguration of public care of mental cases, the legislature of Pennsylvania established the Pennsylvania State Lunatic Asylum at Harrisburg. This was accomplished largely as a result of the epoch-making work of Dorothea L. Dix, who is said to be responsible for the establishment of thirty-two asylums for the insane.

The establishment of the institution in Harrisburg places Pennsylvania among the first of the states to provide a State hospital for mental diseases, and to recognize that the burden imposed upon the average family by a mental breakdown of one of its members presents such a

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### NEW CLINIC PLAN

By Paul Holmer, M. D., Bureau of Mental Health

**A**FTER a preliminary State survey, a new clinic program has been decided on.

For some years past there has existed a dual system of clinic organization. Some of the State hospitals operated clinics in their own territory which varied in number from one to nine. The State Bureau supplemented this service with a traveling clinic staff consisting of a psychiatrist and three to four psychologists. In 1932 the total number of clinics in operation was sixty-nine. The clinics varied a great deal in their emphasis—some of them being only for the feeble-minded—others being confined to neurological cases, while many of the State hospital clinics functioned only for the furlough or parole patients of the State hospital. Most of the clinics were on a once-a-month schedule, although quite a few were occasional clinics which were visited once in three months or once in six months.

The new program now being put into operation places the responsibility for clinics on the State hospitals; each to care for the clinic needs in their own vicinity. A trained staff from the State Bureau consisting of a psychiatrist, psychiatric social worker and psychologist will aid the hospital staffs in their clinic organization.

#### TWO TYPES OF CLINICS

The clinics are to be divided into two types—one for children and their parents, the other for adults including the furlough or parole patients. There is then a complete separation of these two types. The first type could be termed a child guidance clinic, as here we will see all types of children, including the so called behavior problems and the "nervous" child. It is with this children's clinic that we are here concerned; the adult clinics are to function just as they have in the past.

Each hospital is to have one therapeutic clinic unit operating one or more days a week. Here direct therapy will be carried on with a selected group of cases. The social worker and psychologist are to act as field workers in the territory which the clinic serves. On the clinic day, conferences will be held and consultation service rendered. Emphasis will be placed on cooperative service utilizing the social agencies available in the community. The success and effectiveness of clinic work depends in a large measure on the development of a fine degree of team work on the part of the psychiatrist, social worker and psychologist. Cases are to be given a group study and each of the three experts is in a position to make his or her special contribution.

Recognizing that psychiatric work with children is a special field in itself, differing in many respects from adult techniques, we are making plans to offer additional

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GERTRUDE MARVIN WILLIAMS ..... *Editor*  
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November, 1933

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## EDITORIAL

By Alice F. Liveright, *Secretary of Welfare*

THE Pennsylvania Department of Welfare has made a step forward. With its splendid mental health program it has again become a pioneer.

There is now on the staff of the Bureau of Mental Health a psychiatrist, trained in the field of child guidance! This statement may connote but little, until one considers the actual meaning of a child guidance program. We have said so often that we believe in a preventive program—we do—and such clinic service for children is another proof of our good faith.

We certainly do not believe that all children are problems, nor do we believe that all parents are incapable of bringing up their children without the help of psychiatrists, psychologists and social workers. That would be absurd. But we do know that children both of superior and normal mentality are not growing up to be well adjusted individuals and that many devoted parents want advice about simple matters concerning their children. Rich and poor alike, city and country folk, professional and industrial workers, who are concerned about their relationships to their children are seeking assistance.

Through our State-owned mental hospital clinics we want to offer to such families a service, which will make for well adjusted individuals, which will prevent children from growing up into unhappy, nervous adults and which will make for wholesome, parent child relationship.

This is the new child guidance service about to be offered in counties in which our State-owned institutions are located.

There are approximately 287 mentally ill persons in mental hospitals in Pennsylvania to each 100,000 of population in the State.

Hospital population figures compiled by the Department show that at present 28,734 of Pennsylvania's 10,000,000 citizens are patients in the State and County hospitals for mental diseases.

While modern medical practice has served to check the advance of mental disease to the extent that 25 per cent of all mental cases are now restored and returned to the communities, there has been a steady increase in hospitalization as the population of the State has grown.

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training to hospital psychiatrists in the field of child guidance.

After the clinics are well established semi-annual conferences for all persons engaged in clinic work will be held in Philadelphia, and in Pittsburgh. These conferences are to be educational in nature and provide a meeting ground for the exchange of ideas.

There is in the State a great demand for clinic service. It will be quite impossible to meet this demand in the beginning. It is highly essential that we keep our standards at the highest possible level and enlarge our services gradually. The communities which we serve must also be made aware that the emergency is their responsibility which the State Department may share, but which nevertheless must remain in the last analysis their own problem.

The new clinic program cannot be put into effect simultaneously throughout the State. It is planned to have the Bureau staff concentrate at first on two or three clinic areas in the Eastern part of the State, and after these are going along under their own power, to move on to another district. It follows then that it may require one to two years to complete the organization throughout the State.

## SYSTEM WINS APPROVAL

THE uniform system of accounting for State-aided hospitals, devised by officials of the State Department of Welfare and in use in Pennsylvania since 1922, has become generally recognized as the most practical system of its type yet developed. The Department of Welfare annually receives many requests from other State welfare boards and hospital associations both in the United States and Canada, for assistance in setting up a similar system.

There are 162 State-aided hospitals operating under the uniform plan in Pennsylvania. In no other place in the world is such a large group of hospitals using a uniform system of accounting. As used in Pennsylvania, the system is not only of value to the hospitals individually, but because of its uniformity it serves as a basis for comparison of the financial activities of the institutions.

The Department issues quarterly a printed compilation of financial data relating to all State-aided hospitals, for the further benefit of the participating institutions. The Pennsylvania system has already been adopted in modified form by many hospitals in this and foreign countries.

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defective delinquents). Completion of these developments will automatically relieve the load of the mental hospitals by the transfer of epileptics to Selinsgrove and male defective delinquents to Cumberland Valley; and (5) immediate appropriations to meet the individual needs of the institutions as indicated in the preceding paragraph and further elaborated in the supplement.

The Committee also recommends that the Bureau of Mental Health and the hospitals give serious consideration to boarding out patients on a small scale or perhaps on a more extensive plan as now in vogue in Gheel, Belgium. This project would apply only to carefully selected patients who have been under observation and treatment in mental hospitals.

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serious situation that the State can only fulfill its obligations to its citizenry by assuming the burden and providing adequately for the sufferer.

Progress in the care and treatment of the mentally ill throughout the country has been tragically irregular. Pennsylvania, an early leader, has been surpassed by other states that have developed complete state care of the mentally ill. This Commonwealth has developed many institutions and organizations by which the citizens of certain communities have available the most modern scientific methods and measures for the care, treatment, cure and prevention of mental illness.

### JOINT STATE AND COUNTY CARE INEFFICIENT

Instead of assuming the entire responsibility for the care of its mentally ill, as over thirty other states have done, Pennsylvania has continued a cumbersome, inefficient, uneconomic, and, from the patients' point of view, unjust, dual system of state and county care. While it has provided housing in State hospitals for one-half of its insane, the other half are left to the care of the counties, in some of which it is adequate and scientific, while in many of the poorer counties it corresponds to the almshouse custodial treatment of a century ago. This system is as out of date as would be surgery without asepsis and anesthesia.

None of the State's present officials nor departments can be blamed nor criticized for this situation. It is the inevitable result of the divided responsibility of the dual system and the absence of a strong central agency for the control and guidance of the institutions caring for mental patients.

### BUREAU OF MENTAL HEALTH ESTABLISHED

The establishment of the Department of Welfare and its Bureau of Mental Health by the Legislature in 1921 was the beginning of a new chapter in the care and treatment of mental patients in Pennsylvania. A ten-year program of progressive development has been carefully planned and adopted. The high standards of scientific treatment and efficient operation achieved by some are now goals eagerly sought by all.

Had the five biennial appropriations of \$10,000,000 promised in 1929 in lieu of a \$50,000,000 bond issue been continued for the ten-year term, each of the eight State mental hospitals would have been able to advance, in accordance with the ten-year program to the highest plane of efficient operation, adequate accommodations, and scientific treatment.

### PRESENT STANDARDS MUST BE MAINTAINED

Until the State completes the well-rounded development of its present State hospitals and until it assumes the entire responsibility and burden of the care of all mental patients in the State by taking over the best of the county hospitals and discontinuing the others, it cannot be said to be performing its full duty to its citizens.

The Committee recommends: (1) acceptance by the State of the Philadelphia Hospital for Mental Diseases at Byberry, and the County Hospital for Mental Diseases at Embreeville; (2) enlargement of Norristown; (3) the rapid development of Torrance; (4) further expansion of the Selinsgrove Colony for Epileptics and development of the Cumberland Valley Institution for Defectives (male

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## FARMING AS A CURE

By I. A. Darling, M. D., Supt., Warren State Hosp.

OUR hospital is a large family, a large farming family. The importance of keeping mentally disturbed patients occupied as an aid to their recovery is generally accepted. I want to stress the value of one particular type of occupational therapy—the return to nature and the farm.

We have about 2,000 patients, almost evenly divided between the sexes. About 450 have some acute physical or mental illness which requires intensive medical care and prevents their taking part in outdoor work. Another group of 600 are chronically infirm, aged or so deeply demented that industrial activity is out of the question.

This leaves almost half of our patients who are subject to some chronic mental illness which does not markedly interfere with their physical health. They are excellent subjects for re-education.

Of this last group, about 475 are men, and it is with the men that we have worked thus far in farm education. The various activities are arranged as part of the daily routine and are such as would be found in any small rural community. The report of the supervisor of occupational therapy shows that supervised work is made available for patients, assisted by employes in vegetable and flower gardens, green houses, hennery, piggery, and greatest of all, on the farm itself. In addition, numerous occupations supplement the farm work such as those in the blacksmith shop, machine shop, woodworking shop.

I find 35 patients listed in the occupational therapy weaving department. They are repairing the farm's burlap bags and making containers for picking up the leaves to be used as fertilizer. For the last three months two of the 12 men listed in the carpenter shop, have been making crates for storing potatoes, turnips and carrots. A fair share of the work of the machine shop is the repair and upkeep of farm machinery.

We also do such work as building roads, removing stones from fields, repairing fences, removing brush and debris from pastures and wood lots where the younger cattle run during the summer. Because farm life offers such a variety of functions, we are able to grade the work according to the capacity of the patients. Some men can only walk from here to there, but they can be taught to take a wheelbarrow with them in that walk. Others can be taught to use a hoe without destroying the crop.

Old Mother Earth has extraordinary curative powers. Each season we are able to promote some patients from lower grades of activity to higher, and to return some cases to their homes. I am referring now not to the acute types among whom we expect a high recovery rate, but to the so-called chronic cases which are least hopeful.

We have an excellent example of the value of farm work if we compare conditions as between our men and women. On a given day, we had in the hospital 1,003 women and 933 men. No farm activities are at present available for women. Of the women, 315 were employed in dining rooms and other household occupations. This group and 64 others were able to get outdoors for some part of the day. There were 231 women sick in bed. This left 393 women sitting about all day long, unoccupied and as a result less content and mentally disintegrating from lack of physical and mental stimulation. For the future, I am planning a small garden project as a beginning. I hope to extend it so as to keep a majority of these idle women in healthy outdoor activities for at least a few hours each day.

## COURSES IN PSYCHIATRY FOR TRAINED NURSES

By Henry I. Klopp, M. D., Superintendent, Allentown State Hospital

IT HAS long been our opinion that if student nurses were taught the principles of psychiatric nursing, it would help them in understanding all patients, whether in a general hospital or in private practice. It would also change their personal reactions to psychiatric patients.

This belief has been more than justified by the results of a three months psychiatric course, first offered in February, 1933, by the Allentown State Hospital to a class of student nurses from general hospitals.

The following quotations are from papers submitted by three of the nurses. They were written at the end of the three months on the subject, "What a Course in Psychiatry has done for me."

"The manic depressives sang, shouted, swore, danced about and tried to batter each other; the involution melancholies picked their faces and stared hopelessly about; the schizophrenias cried and rambled off on their strange fantasies, the general paralytics quivered and shook.

"Inwardly trembling, I looked my patients over as calmly as might be, meanwhile trying to convince myself by auto-suggestion that I was not afraid.

"But that was my first day on a ward in a three months course in psychiatric nursing. Two years in a nurses' training school had taught me how to meet most emergencies, but I am ashamed to admit that my ideas about mental illness were no better informed than those of the ordinary layman. I had done some reading, had taken a preliminary course in psychology and had visited a mental institution. None the less, that first day as I looked about me I actually feared those mental patients.

"By the end of my three months, however, those fears had completely disappeared, and I was able to accept the

physician's diagnosis, and carry out his instructions for a mental case quite as comfortably as for any other type of patient \* \* \*."

"I am sure that no amount of reading text books would have had the value of the actual experience with mental patients. It has done more than help me to understand them. It has given me a much keener understanding of all human nature, my own self included. It has made me realize how faint and shifting is the line between what we term normal and abnormal.

"When one stops to think, one realizes that the majority of mentally normal patients entering a general hospital exhibit psychiatric symptoms. It is a strange and fearful experience, and they adjust themselves in various ways. The extremely authoritative ward patient is perhaps betraying his resentment toward his own ignorance of his anatomy and what really ails him. The highly nervous pre-operative patient is obsessed by fears of the unknown into which he must plunge \* \* \*."

"The realization of why some people become so totally different when they are ill is valuable for all nurses. I'm sure that in future I shall be much more sympathetic with unreasonable patients who complain that the drink of water is not cold enough even though the ice cubes are still clinking around in the glass.

"Another important realization this course gave me is that the majority of nervous and mental disorders follow upon childhood experiences and accidents, and are not necessarily inherited. This sense that mental illness may be the result of some outward circumstances just as much as falling and breaking one's leg gives me a completely different attitude toward it."

## RADIO PLANS

AS PART of the public educational program Department of Welfare officials will be heard once or twice monthly in evening broadcasts from the Capitol, through radio station WHP. The Department has been allotted the second Thursday of each month for evening presentations and may be given additional hours, to be announced later.

Mr. R. Bruce Dunlap, director of the Bureau of Institutional Management, capably inaugurated the departmental program Thursday evening, November 9, with his interesting talk on "One Thousand and One Cows." Mr. Dunlap told of the problems connected with proper administration of the dietary program for the huge population in State-owned institutions.

Mrs. Liveright is scheduled to speak on Thursday evening, December 14, her subject to be announced later.

Coming speakers include Mrs. Helen Glenn Tyson, who will tell of the "Community Responsibility for a Welfare Program"; Dr. B. L. Scott, speaking on "Pennsylvania's Penal Program"; Miss Mary S. Labaree, discussing "Why the State is Interested in Child Welfare," and others.

## EASING THE LOAD

TO relieve congestion at the Eastern State Penitentiary, the Department of Welfare has since the first of the year transferred 104 men from this institution to various county prisons in the eastern part of Pennsylvania. At the present time arrangements are being completed by the Bureau of Corrections for transferring an additional group of 46 men.

Another angle from which transfer is considered is that of getting the men back to their home communities near the expiration of their sentences, so that they can get in touch with their friends and former employers in an effort to secure work.

By ruling of the State Board of Pardons no man can be paroled who does not have employment or sufficient money to carry him for an extended time. In a number of instances these transfers have resulted in the men obtaining employment and becoming eligible for parole.

It is the policy of the Department of Welfare to transfer inmates coming near the finish of their sentences or serving short terms.